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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN)R	ATTORNEY DOCKET	NO. CONFIRMATION NO.
10/786,249 02/25/2004 John Hayden A0312.70515US00 2715 TITLE OF INVENTION: DMA CONTROLLER FOR DIGITAL SIGNAL PROCESSORS						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$30	0.00	\$1,810.00	04/09/2009
EXAMINER		ART UNIT CLASS-S		JBCLASS		
J. S. Vid	2182					
Correspondence A "Fee Address" ind form PTO/SB/47; Use of a Custome 3. ASSIGNEE NAME AN	spondence address (or address form PTO/SB/1 ication (or "Fee Address Rev 03-02 or more rece r Number is required ND RESIDENCE DAT	(1) the nattorneys of (22) attached. (2) the name a registered up to 2 registered in the control of the control	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NTED ON THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Analog Devices, Inc. Norwood, Massachusetts						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee A check in the am				unt of the fee(s) is enclosed	
x Publication Fee (No small entity discount permitted) x Payment by credit card. Form PTO-2038 is attached.						
Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825						
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature	William Pr. Mc Clelber				Date	April 6, 2009
Typed or printed name William R. McClellan					Registration No.	29,409